

**Or place in drop box at
town hall.**



2021-22 Season



REGISTRATION FORM

Grades 5-8

Woodstock Youth Basketball

Evaluations with Skills and Drills:

Boys - November 15th

Grade 5 & 6: 7–8 pm

Grade 7 & 8: 8–9 pm

Girls - November 16th

Grade 5 & 6: 7–8 pm

Grade 7 & 8: 8–9 pm

Student Name _____ **Grade** _____ **Boys** ____ **Girls** ____

Address _____ **Phone** _____

Please circle shirt size:

youth small	youth medium	youth large	youth XL	adult small	adult medium
		adult large	adult XL		

E-mail Address: _____

Emergency Contact/ Phone: _____

Cost: \$50.00 for 1st child, \$45.00 for 2nd child, \$25.00 for each additional child in same family.

Disclaimer: We/I parent/guardian of (child's name) _____ will not hold the Woodstock Recreation Commission, including its representatives of the Town of Woodstock liable for any injury sustained by our/my child while participating in the Recreational Basketball League sponsored by the Woodstock Recreation Commission. We/I understand all risks associated with the program and will not hold the Town or the Woodstock Recreation Commission liable if my child contracts COVID-19. We/I agree to abide by all State and Federal COVID-19 guidelines followed by this program. If experiencing any symptoms of COVID-19 (examples include fever, cough, shortness of breath, etc.) child will not in the Recreation Basketball League.

SIGNATURE _____ DATE _____
(Parent/guardian)

If serious illness or injury occurs, the student's parents or legal guardians will be contacted. For this reason it is important to have the parents/guardians address and telephone number on file. Moreover, if the student's parent/guardian cannot be reached, it is important to have authorization to administer appropriate medical action, which might include anesthesia. With this in mind, please complete the section below.

IF IN THE EVENT OF ILLNESS OR INJURY, IF IT NOT POSSIBLE FOR THE HOSPITAL OR A WOODSTOCK RECREATIONAL REPRESENTATIVE TO CONTACT ME, MY PERMISSION IS GIVEN FOR NECESSARY MEDICAL INTERVENTION AND IF NECESSARY, THE ADMINISTRATION OF ANESTHESIA.

SIGNATURE _____ DATE _____
(Parent/guardian)

Printed Name _____

I would like to volunteer as a coach: **asst. coach:** **referee:**



Name: _____

Registration Deadline: Nov. 15th Boys & Nov. 16th Girls (Gr. 5-8 only)

LATE REGISTRATIONS WILL NOT BE ACCEPTED!

***Evaluations are for grades 5-8 only and will take place at the Woodstock Middle School Gym during the time frames listed above.**

Everyone plays. Evaluations are to determine skill levels only.

This program is proudly sponsored by Woodstock Recreation Commission.